

## PROFORMA OF APPLICATION

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1. Post Applied for : \_\_\_\_\_
2. Full Name of Candidate : \_\_\_\_\_  
(in Block Letters)
3. Address : \_\_\_\_\_  
\_\_\_\_\_
4. Date of Birth (In Christian Era): \_\_\_\_\_
5. Date of retirement in the present : \_\_\_\_\_  
Department/Organisation.

6. Education Qualifications:  
(In reverse chronological order)

Course/Exam	Name of the University/Institute/Board	Year of Passing	Grade/Percentage of Marks (in reverse chronological order)

7. Details of employment in reverse chronological order  
(Enclose a separate sheet, duly authenticated by your signature, if the space  
Below is insufficient)

Office/Organization	Post held (Regular)	From	To	Level/Pay Band And Grade Pay	Details of experience

8. Present Pay, total emoluments per month : \_\_\_\_\_  
now drawn

9. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient. \_\_\_\_\_
10. Number of documents enclosed, Indicate in a separate list : \_\_\_\_\_

Signature of the  
Candidate

Telephone No. \_\_\_\_\_

Date \_\_\_\_\_

### CERTIFICATE

1. It is certified that the particular of the officer has been verified and found to be correct.
2. The officer is holding the post/analogous post on regular basis.
3. It is certified that no vigilance/disciplinary proceeding is pending/ Contemplated against the officer. The Integrity of the officer is certified.
4. Copies of the ACRs/ APAR of the Officer for the last five years duly attested by an officer of the rank of Under Secretary to the Govt. of India or above, are enclosed.
5. The cadre controlling authority has no objection to the consideration of the applicant for the post mentioned in this advertisement.

(Signature of Cadre Controlling Authority /  
Head of the Department with Stamp)  
Telephone No. \_\_\_\_\_

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